



IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

*See  
mly*

Appl. No. : 10/660,084 Confirmation No. : 5912

Applicant : Kevin R. Williams

Filed : 09/11/2003

TC/A.U. : 2837

Examiner : McCloud, Reneta D.

Docket No. : 021830.002US

Customer No. :

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

I hereby certify that this document and its attachments, if any, are being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 24 day of November, 2004.

*Keith A. Sanders*

11/23/2004 MUJN61 00000007 121322 10660084

01 FC:1251 110.00 DA

AMENDMENT

Sir:

In response to the Office action of August 17, 2004 having a shortened statutory period of response of two (2) months, please amend the above-identified application as follows. A one-month extension of time is thought to be due for this response and is hereby requested.

**Amendments to the Specification begins on page 3 of this paper.**

**Amendments to the Claims are reflected in the listing of claims, which begins on page 8**

**of this paper.**

11/06/2004 PBRITTON 00000004 121322 10660084  
Amendments to the Drawings begins on page 12 of this paper and include both an  
01 FC:1201 88.00 DA

Appl. No. 10/660,084

Amdt. dated November 17, 2004

Reply to Office action dated August 17, 2004

independent claims better present the application for allowance. New claims 4-11 depend from new claim 3 and new claims 13-20 depend from new claim 12. Applicant respectfully requests that these new claims be entered and the application be processed for allowance of all claims.

**Conclusion**

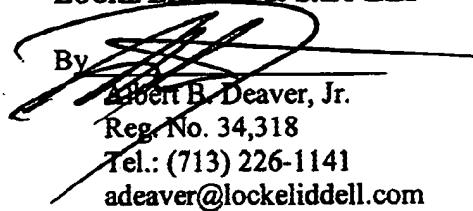
A one-month extension fee in the amount of \$110 is thought to be due for this paper and its related submissions. If Applicant's belief is in error and one or more fees are due, the Commissioner is hereby authorized to change any fee necessary to make this and related papers timely and effective to deposit account 12-1322 (021830.002US).

Applicant thanks the Examiner for her consideration and effort on this file. Applicant submits that this application is now in condition for allowance and respectfully requests that a timely Notice of Allowance be issued in this case.

Respectfully submitted,

**LOCKE LIDDELL & SAPP LLP**

By

  
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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10-660-084

## CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS		2	
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		2 minus 20 =	0
INDEPENDENT CLAIMS		2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

AMENDMENT A			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 20	Minus	** 20	=	
Independent	* 7	Minus	*** 3	= 1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

AMENDMENT B			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 20	Minus	** 20	=	
Independent	* 7	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

AMENDMENT C			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 20	Minus	** 20	=	
Independent	* 7	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		+280=	
TOTAL		OR TOTAL	750

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	88
+140=		+280=	
TOTAL ADDITIONAL FEE		OR TOTAL ADDITIONAL FEE	88

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDITIONAL FEE		OR TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDITIONAL FEE		OR TOTAL ADDITIONAL FEE	